

COLORADO METHAMPHETAMINE TASK FORCE

MEETING

November 21, 2008

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St. Denver CO

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Janet Wood, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police Department, North Metro Drug Task Force

Task Force Members Present:

Leslie Herod, Janet Wood, John Suthers, Dan Kaup, Tim Griffin, Janelle Krueger, Dennis Dahlke, Dana Wilks for Tom Quinn, Greg Daniels, Mitch Morrissey, Erin Goff, Laura Russmann, Lloyd Malone, Debra Campeau, Wayne Maxwell, Jerry Garner, Chele Clark, Nick Taylor, Jade Thomas, Jeannie Smith

Guest: Barbara Ezyk, Brett Kessler, Lilas Rajae-Moore, Jenny Corvalan, Chris Ryan, Kelly Schramm, Kent MacLennan, Steve Holloway, Kendall Alexander, Mark Cooney, Ralph Wilmoth, Erin Hall, Judge Robert Lowenbach

Introduction:

Chair Attorney General John Suthers called the meeting to order and did the introductions.

Review and Approval of Minutes:

Minutes from September 26, 2008 were moved and seconded for approval with noted corrections.

Announcement from Task Force Members:

Debra Campeau

On Feb 20th there will be a training session: “When good parenting doesn’t work”

Dan Kaup

The Statewide Drug Court Task Force was created by joint resolution of the Colorado House and Senate and charged with reviewing the present status of Drug Courts and to make recommendations to the legislature for the January 2009 session regarding necessary factors, including staffing, to enhance current drug court programs and expand drug courts to judicial districts not currently served by one. The budget proposal to be reviewed by the Joint Budget Committee is for slightly over \$1 million dollars, which is less than recommended by the Statewide Drug Task Force, but is

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more realistic given recent and continuing shortfalls. This amount would fund approximately 35% of the cost of current, existing drug courts statewide.

Nick Taylor – Delta Project

A lot is happening in Delta County. The community support is wonderful for the recovery process and the participants. The “ex-cons” won the softball game. Ryan Smith from ATR visited yesterday.

Jade Thomas

Representatives of the Crystal Darkness campaign were in town filming during the last week in October. Over 100 people were interviewed within the state. 20-30 people in recovery were interviewed for this program.

The Crystal Darkness program package is being reviewed and we are looking at what parts of the package will be best to use for the communities. The statewide broadcast will be on January 7th from 6pm –7pm and the Spanish channels will air the program at 5:30pm-6:30pm.

Kent MacLennan - Meth Project

The Colorado Meth Project is continuing to move forward, beginning first with a Meth Use & Attitudes survey, being conducted by the research firm GFK Roper. In addition to a phone-based survey of parents of teens and a written survey for young adults, Roper will be attempting to survey 50-60 middle and high schools across the state, reaching a total survey count of 3,000 that is a representative state sample. School recruitment has begun this month with implementation of the surveys in February/March 2009. The public messaging campaign launch will follow that survey, potentially as early as April 2009. The organization has formed an Advisory Council, including some members of the Task Force, which will meet for the first time later today (Nov. 21st).

**Weld County Juvenile Assessment Center’s Collaborative Management Program
—Kendall Alexander, Erin Hall, Judge Robert Lowenbach and Kelly Schramm**

Collaborative Efforts to Address Substance Abuse in Northern Colorado

There are three main messages we want to share:

1. It’s all about kids
2. Recovery
3. Reveal to you what is happening in Weld County

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Purpose: Work with partner agencies and community organizations to encourage and support collaboration and the active engagement of families, children and youth; leading to improved permanency, safety and family functioning.

Target Populations: Children, youth and families who are, or are at risk of becoming involved in the child welfare or juvenile justice systems and who are receiving, or would benefit from integrated multi-agency services.

Participating agencies include; judicial courts, district attorney, probation, county commissioners, city of Greeley, law enforcement, behavioral health agencies; school districts; state agencies and private industry.

Activities: Supporting collaborative management processes and team decision-making processes within Weld County – focusing on the target populations.

Providing support to projects and services throughout Weld County

- Coordination and oversight of programs and services
- Conducting and coordinating assessments of community needs
- Sharing and establishing best practices and continuous quality improvement
- Arranging for and/or providing technical assistance and cross systems training
- Funding support and coordination

We have developed a culture of collaboration. We only use our silos for grain now. About a year ago we wanted to find out what the efforts were in Weld County by the substance abuse partners. Here are a few of the things we are working on:

Collaborative Efforts

- The Weld County Collaborative Management Interagency Organizational Group is participating as a learning site for the work of the State Meth Task Force and the Colorado Alliance for Drug Endangered Children (CoDEC).
- CoDEC and the Weld County Juvenile Assessment Center (JAC) volunteers conducted an Online Survey of perceptions of Substance Abuse Impact on the community.
- OMNI Institute and CoDEC assisted in gathering data & conducting an environmental scan of substance abuse issues in Weld County.
- A Key Stakeholders Meeting & Substance Abuse Summit was designed by Weld County partners and facilitated by OMNI Institute, CoDEC & JAC Volunteers. There were 100+ representatives from Weld County Communities who participated in the Summit

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Results

- Involve multiple systems and natural supports in response efforts: *e.g. schools; law enforcement; courts; youth services; public health, mental health, substance abuse, medical and health-care providers; and the community as a whole including businesses and the faith-based organizations.*
- Focus on Prevention and Early Intervention across multiple-systems.
- Create systems change and develop collaborative partnerships (*especially when assessing issues and establishing outcomes*).
- Involve Families – Drug and Alcohol treatment and recovery support for the entire family and not just the individual!
- Engage in Innovative, Comprehensive Strategies that integrate services... treating the person holistically.

Next Steps

- **Seven Practical Vision/Key Areas Identified - Action Committees Formed**
 1. Caring Circle of Service
 2. Weld County is a “Village” that nurtures family and individual well being
 3. Enhanced school based support services for youth and their families
 4. Affordable, Available, Accessible Assistance for All
 5. Opening minds towards an educated, empowered community
 6. Centralized database of resources for families in need
 7. Quality research and data improves outcomes for families in Weld County
- **Conveners for Action Committees were named and meeting dates were set for 3-4 hour Facilitated Planning Sessions**
- **A follow up convening of the whole group is set: February 13, 2009**

This community forum will be a time for the Action Committees to report out on their plan and to further network and build collaborative relationships in moving forward.

Behavioral Health Agencies Merger

Purpose: To provide fully integrated mental health and substance abuse treatment in Weld and Larimer Counties:

- Increase collaborative efforts in Northern Colorado
- Integration of the 2 Behavioral Health Groups was needed to address behavioral health issues in a collaborative environment. As of July 1, 2008, Island Grove Regional Treatment Center dissolved and merged with North Range Behavioral Health (Weld County) and Larimer Center for Mental Health (Larimer County)

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- In-Custody Alternative Placement (I-CAP) the goal is to get out of jail – SB-97 dollars and county commissioners have partnered with this to get “Heads off beds”
- Mental Health and Substance Abuse Partnership
- System redesign

In-Custody Alternative Placement Program

Purpose: To target individuals in custody in the Weld County Jail who would be better served by participating in a structured and monitored substance abuse and/or mental health program rather serving a jail sentence.

Participating Agencies: Weld County Commissioners, District Attorney’s Office, Law Enforcement, Judicial District 19 and North Range Behavioral Health (includes the former Island Grove Regional Treatment Center)

Anticipated Outcomes:

- Increased jail bed availability
- Reduced recidivism

Mental Health and Substance Abuse Partnership in Larimer County

Purpose: To restructure the way services are provided for those with mental illness and substance use disorders, significantly improving our responsiveness to the needs of the 36,000 people in our community who suffer the most from these conditions.

Partner Agencies include: City of Fort Collins, City of Loveland, Colorado State University, District Attorney’s Office, mental health facilities, school districts, and faith based organizations, and law enforcement.

North Colorado Health Alliance – safety net providers

Purpose: To ensure that all underserved residents of Northern Colorado have access to appropriate, affordable, comprehensive, quality health care.

Community Partnership

Expanding Access

Improving Quality

Eliminating Disparities

Partner Agencies include: Medical agencies, Mental Health providers, United Way of Weld County, University of Northern Colorado and state departments.

- Outcomes are an integration of primary care with mental health
- Within the next year our records will be a common electronic health record.

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Regional “Meth” Partnership

Purpose: To improve permanency outcomes for children by integrating child welfare, judicial, substance abuse and mental health services for families with dependency and neglect cases.

Partner Agencies include: North Range Behavioral Health, Larimer Center for Mental Health, 8th and 19th Judicial Districts, Weld County Health and Human Services Juvenile Assessment Center, Colorado State University and University of Northern Colorado.

- Federal grant of \$2.4 million split over the 4 yrs. Received the grant because of our collaboration with our community. Must have measurable outcomes for children and youth. Currently there are 50 outcomes.
- 5 major strategies we developed and we are unique in the way we have done the process. We have been doing this since April. The strategies are:
 1. Family Treatment courts
 2. Intensive, integrated, in-home treatment
 3. Temporary Housing and Other Supports
 4. Training and Regional Coordination
 5. Enhancing Access to Services

Judge Robert Lowenbach:

What you didn't get from this presentation is the effect on the children. It is all about the kids. The community at large says “what about the kids?” “We should just take the kids away from these bad parents”. The kids, who have had their parent taken away from them, are challenged children. They age out of foster care and they end up parenting the same way they were raised. These kids are moved throughout their life and have no family loyalty. This is really about kids getting back their moms and dads. Family treatment court raises the level of practice in our treatment courts. We often talk about treatment being the opportunity for a women to regain custody of her children, but it's really about the child regaining their parent.

Comments

- What recovery support do you have in place? Response: It is part of the grant and we are doing some after care groups for the participants.

Update Data Report—Jim Adams-Berger OMNI

What does the picture of Meth in Colorado Look Like?

Key questions used to organize our approach-

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1. What is the prevalence of meth use in Colorado and how does this compare to the nation?
 2. Is use increasing, decreasing or staying the same?
 3. How does meth use compare to other illicit drugs in Colorado and Nationally?
 4. Who is seeking treatment?
 5. What information do we have on drug endangered children and youth related to Meth use?
- National average of percentage of person aged 12 or older is .06%. Colorado's average is 0.91-1.13%
 - The western side of the State of Colorado has more users of meth.
 - In CO, the illicit drugs of abuse are: marijuana, methamphetamine, and cocaine.
 - Data from the National Drug Intelligence Center Strategic Overview of the Meth Situation in the West Central Region:
 - Mexican Drug Trafficking Organizations have established themselves as the primary meth source of supply for local and regional meth distributors
 - Meth production is decreasing throughout the region - 2005 Meth Lab incidents were 151 and in 2007 46 incidents
 - Number of drug related calls to the poison center in 2005 was 127, in 2007 31.
 - Colorado admissions to treatment for Meth - 2002-2007 is 28% of all admissions to treatment.
 - Meth Treatment by age 25-34 for 2005 is 38%, 2007 is 26%.
 - Regional Distribution of Meth by users in Denver/Boulder is 37%
 - Numbers of possible Drug Endangered Children in ATR Program (Feb – Nov 2008)
 - Out of 350 participants 313 have children, 72 children placed in protective custody. Criteria for ATR: Participants have used meth in the past 30 days.

Comments:

- Data is very important – Intake process would be great if we can do photo, weight, ethnicity, etc. This type of data is very important to have for getting data for grants. It would great if we could put this type of data set into an initiative.
- There is a lot more data out there for “out of home care.” The slide that is part of the presentation is not representative of the numbers. We do run into confidence problems.
- Substance abuse information on TRAILS is an optional field. It might be in our best interest to make this a must fill in option.
- One problem is the presenting issue that is picked by the person filling out the form. How do you put secondary issues on the forms?
- Is there a set meeting for the subcommittee on data? Should we ask this group to come up with some very specific detail and suggestions for what we need to do with

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this data? Attorney General Suthers recommended that the data subcommittee come back to the Task Force with specific recommendations.

- Youth survey data
- Demographic profiles might be more useful

Effects of Meth on Oral Health —Dr. Brett Kessler

Objectives:

- Share some experience from the front line as a dentist
- Illustrate that prevention strategies work
- Share model of how dentist can treat the growing health care crisis in our communities
- Dentist can be effective in getting people help for their addiction
- Discuss strategies to educate dentists on how to treat “meth mouth”.

How I became involved:

- Sobriety House, Inc, is Colorado’s oldest treatment center for alcoholism and drug addiction and serves indigent and low income population
- It is a residential treatment setting
- Dental treatment – I took an oath to help the community
- After a meth addict recovers the dentist is the first person they want to see. Many addicts have lost a majority of their teeth due to smoking the meth, it is known as Meth Mouth.
- To receive treatment at the Sobriety House Project clients must:
 - Be a current resident and must present a letter from counselor every time he/she comes to the office
 - Client must pay for any lab costs
 - Client cannot miss a single appointment for any reason
 - Client will not receive any narcotic pain medications
- Expanded model of “Smile Again”
 - Serving victims of domestic violence
 - Administered by the Metropolitan Denver Dental Society
 - 135 dentists serving the public providing more than \$510,000 to 130 women
- Dentists want to help
 - 135 dentists in Denver providing service for victims of domestic violence
 - We need your money and your support
- Etiology
 - Many factors contribute to the destruction of the teeth
 - Decreased salivary flow (dry mouth)

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- Poor oral hygiene – not brushing/flossing/going to the dentist
 - Poor diet and sugary drinks, foods)
- Patient Interventions
 - If suspicious of relapse behavior
 - Private consultation
 - Ask candidly about sobriety
 - Dentists can be educated on interventions
 - Not accusatory
 - From a caring perspective
- At very least... We can plant a seed
- Best way to treat meth mouth
 - Expand access to treatment
 - Health insurance – private and public aid
 - Treatment while incarcerated or while in a structured setting
- 4-6 week wait to get into Sobriety House
 - Indigent population
 - Need for treatment when client is ready
 - Must seize the opportunity
- Treatment is a good investment - Every dollar spent toward treatment saves the taxpayer \$7.46-\$25.00 in costs to society
 - Cost of addiction treatment is 15 times less than the costs of incarceration
- Expand Education of Dentists
 - Dentists are sometimes the first point of contact
 - Expand coursework in dental school
- Dentists teaching Dentists
 - Utah School for Alcoholism and Drug Addictions
 - “Dental Think Tank” with respect to substance abuse and dentistry
 - We can partner with the American Dental Association to fill in specifics of these bills
- The “Meth Mouth Prevention and Recovery Act”
 - House Bill – HR 3186 – Larson/Sullivan
 - Senate Bill – S. 1906 – Baucus/Coleman
 - Provides funds for prevention
 - Fund research for the interrelationships between substance abuse and oral health
 - Determine the scope of how meth use affects demand for dental care
- “The Meth Mouth Correctional Costs and Reentry and Support Act”
 - House Bill – HR 3187 Baird/Sullivan
 - Senate Bill – S 1907 Baucus/Coleman

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- Provides grants to states coping with staggering costs treating prison inmates suffering from meth mouth
- Funds research on the oral health status of inmates and their accessibility to dental care
- Ensure that dental care is made a part of the Justice Department's re-entry program

Comments

- The bills did not pass and the second bill does not have the support it needs this year.
- What is the recovery time for the dryness caused by decreased salivary flow to go away? It takes a couple of months for recovery of the salivary glands.
- Currently, we are working with Bert Singleton to access ATR funds to use for restoration on their mouths. Recovering meth addicts are a challenging group of patients to treat.
- This is a broad group of people that need help, what can we do to support this? The Division of Behavioral Health is considering the expansion of dental care payments under ATR and will likely cover some expanded treatment in the near future beyond services for pain and suffering related to damage caused by methamphetamine. ATR funding must be vouchered so there are several details that must be worked out ahead of time for this to work.
- Dentists are willing to help and to do some of the work free for this group of people.

National Meth Summit—Janet Wood, Co Chair

Methamphetamine: The National Summit to Promote Public Safety, Partnerships, and Safety for Critically Affected Populations November 16th – 19th, 2008

A team of 14 persons from Colorado attended this Summit. Action items that we need to address:

Colorado Action Team – Next Steps

- Define the future of the SMTF, so that it is an ongoing forum to share data, exchange ideas, discuss topical issues and connect in person. Issues to discuss include the possibility of broadening focus beyond methamphetamine and the sustainability of the infrastructure in place to link policy leaders with the communities.

The entire SMTF sunsets in 2010, and in order to sustain this Task Force legislation will need to be introduced. The Attorney General agreed to make the reauthorization part of his legislative agenda. The vice-chairs will need to work with him to develop the legislation and propose sponsors.

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Critical Populations: LGBT (Lesbian, Gay, Bisexual and Transsexual)

- Lack data on LGBT. We plan to add data set in CO KIT, Integrated Health Survey, TMS & CCAR systems for the Division of Behavioral Health in Colorado.
 1. If feds will pursue a common definition of data element to capture LGBT population, we will not duplicate efforts
Janet and Leslie will do preliminary work, topic of conversation on first follow-up conference call with SAMHSA
- Disseminate LGBT Training info across CO, and to institutionalize the training we will add to list of elective courses for counselor certification. Dr. Tom Freese – master trainer has agreed to provide in-state training
 1. Open to service providers working with the LGBT Community
 2. Awareness and Skill Building Training
Mark Thrun will take the lead on contacting Dr. Freese
- Add Data element to ATR Assessment through Mines & Associates for LGBT
Carmelita/Bert will bring up at next ATR Management Team Meeting
- Develop LGBT Recovery Support Services and enroll with ATR (including possibly Advocates for Recovery)
 1. Enrollment support and case management services to assist people with navigation of ATR System – possibility of ATR Experts throughout CO
Carmelita, Bert & Tonya – ongoing
- Facilitate discussion with Ryan White Grant funders and other LGBT service providers regarding collaboration and information dissemination
Ralph Wilmoth– ongoing

Critical Population: Women

- SMTF Subcommittee on substance Exposed Newborns & Perinatal Substance Use - complete paper and vet through SMTF & Action Team as well other groups throughout the state
SMTF Subcommittee, Janet and Jade – ongoing
- Develop with Colorado Clinical Guideline Collaborative specific guidelines for screening women with substance use disorders
Carmelita – At SBIRT Management Team Meeting
- Develop Recovery Support Services for women and enroll with ATR (including possible Advocates for Recovery)
 1. Enrollment support and case management services to assist people with navigation of ATR System – possibility of ATR Experts throughout CO
Camelita, Bert Singleton, and Tonya – ongoing

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- Coordinate with State Judicial re: report, information they are collecting, standardization of Specialty Courts, and provide input.

Jeanne Smith – ongoing

Critical Population: Justice-Involved Clients & Their Families

- Develop Recovery Support Services for justice involved clients and enroll with ATR (including possible Advocates for Recovery)
 1. Enrollment support and case management services to assist people with navigation of ATR System – possibility of ATR Experts throughout CO
 2. Educate Mines & Associates re: justice involved individuals and ATR recovery support services

Carmelita, Bert, Tonya – ongoing

Nick – discuss possibility of ATR Experts in each region at SMTF

- Continued DEC focus throughout the continuum of services, moving beyond overview trainings and providing discipline specific DEC focused procedures

Jade Thomas – ongoing

- Recommend that the substance abuse field in the Child Welfare Data Tracking System (TRAILS) becomes a mandatory reporting field and uses Treatment Episode Data Set

Lloyd Malone is willing to have further discussions about this

- Work to identify what substance abuse data is collected on justice-involved clients and at what point in the continuum. If it is not collected, can substance abuse data be collected and at what point in the continuum?

Jeanne Smith - ongoing

Comments

- We overlooked some people to add to the task force. We need to add: Steve Holloway, Jenny Corvalan, Mark Thrun, Ralph Wilmoth, and Tonya Wheeler.
- Add the demographic data set to the Colorado guideline
- Use the ATR grant money; put a package together for the three critical populations (women, LGBT, and criminal justice).
- Consensus among the group to extend the sunset of the State Meth Task Force beyond January 1, 2010. We need to do something during this legislation session. We need to get some sponsors house and senate to get a bill title in. Janet and others come with language to the January meeting of this group for approval and then go on. Leslie, what is the position of the governor's office? Leslie will take it back to her group. Any action will need to be taken immediately finding sponsors to back this bill. If basic language is drafted, AG Suthers will put it on his agenda. It makes more

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sense to go through the AG's office. AG Suthers will call potential sponsors, but we need to get a bill title in.

- Reality Check: A lot of the work that goes on between meetings is done behind the scenes. We need to find more funding. Daniel's Fund gave us more money through Dec. 9, 2009. We need to find money or support the positions.
- If you have any ideas on how we can find money let us know.
- A fiscal note in any proposed legislation to continue the Task Force will probably not work in these austere budget times.

Colorado DEC/SMTF Web Site:

- Web Site is live today!!! www.coloradodec.org

Governor's Support of Meth/Substance Abuse Issues:

- Leslie mentioned that as part of a policy meeting on substance abuse sponsored by the National Conference of State Legislators in which a team from Colorado was selected to participate, there will be a follow-up training at the Capitol The 3rd week in January during the lunch hour. Leslie will invite the SMTF.

SMTF Annual Report:

- The year-end Annual Report is due January 1, 2010. The Vice chairs are currently working on the report. Dental needs will be added and recommendations from the Federal Methamphetamine Summit incorporated. Once the report is complete it will be sent electronically to the task force for review.
- We need to talk about a section of what to do when/if this task force goes away.

Meeting schedule for 2009

January 23, 2009

March 27, 2009

May 22, 2009

July 24, 2009

September 25, 2009

November 20, 2009

All meeting will start at 10:00 am – 1:00 pm. The meeting location is 1144 Sherman St. Denver, CO